

GAUGHAN PSYCHOLOGICAL SERVICES, LLC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. My commitment to your privacy

I, Dr. Eric Gaughan, am dedicated to maintaining the privacy of your **Protected Healthcare Information (PHI)**. This Notice will tell you how your PHI will be protected, how I may use or disclose PHI, and your rights regarding access to your PHI. Please review this information carefully. You will be asked to sign a receipt indicating that you have received and read this document. If you have any questions regarding this Notice, please speak with me. You may also request a copy of this Notice from me, or you can view a copy of it in my office or on my website (www.gaughanpsychkc.com).

II. It is my duty to safeguard your PHI

PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. Every time you visit me, a record of your visit is added to your clinical record. Typically, your clinical record contains a list of your session dates and payments, reasons for seeking treatment, symptoms, personal history, psychological test results, diagnoses, treatment, and a plan for future care, as well as any information that you have authorized to have forwarded to me from other healthcare professionals. This information is considered PHI.

The Federal Health Insurance Portability and Accountability act (HIPAA) requires that I provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, when I use your PHI in this office or disclose it to others, I share only the **minimum necessary** PHI needed to accomplish the purpose for which the disclosure is made. I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will change this Notice and post a new copy of it in my office and on my website (www.gaughanpsychkc.com).

III. How I may use and disclose your PHI

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

A. Uses and disclosures related to treatment, payment, or health care operations (TPO) do not require your prior written consent.

I may use and disclose your PHI without your consent for the following reasons:

1. *For treatment.* I can use your PHI within my practice to provide you with mental health treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.
2. *For health care operations.* I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: I might use your PHI in the evaluation of the quality of health care services that you have received. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
3. *To obtain payment for treatment.* Your PHI may be used, as needed, in activities related to obtaining payment for your health care services. Example: This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.

B. Certain other uses and disclosures do not require your consent or authorization

I may use and/or disclose your PHI without your consent or authorization in some cases. Here are some examples of when I may do this:

1. *When required by law*
 - If I believe a child, elderly person, or disabled person has been or may be abused or neglected, I am legally required to file a report with the appropriate state agency.
 - If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request,

or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.

- I have to disclose some information to the government agencies that check on my practice to see that I am obeying the privacy laws.
2. *To prevent a serious threat to health or safety.* If I come to believe there is a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of injury being inflicted against another individual, I may make disclosures of your PHI that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures of your PHI that I consider necessary to protect you from harm.
 3. *For law enforcement purposes.* I may be required by law to disclose PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes.
 4. *For public health activities.* I may disclose some of your PHI to agencies that investigate diseases or injuries.
 5. *For specific government functions.* I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.
 6. *Inmates.* We may be required to disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide your health care services, (b) for the safety and security of the institution, and/or (c) to protect their health and safety or the health and safety of other individuals.
 7. *Workers' Compensation.* If your treatment is being paid for through a Workers Compensation claim, then we are likely to be asked to disclose your PHI. We would not give this information without your written consent. However, be aware that if you do not consent to releasing this information, Workers Compensation will likely refuse to pay for the treatment.

C. Certain Uses and Disclosures where you have an opportunity to object

1. *Disclosures to family, friends, or close others.* I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other uses and disclosures require your prior written authorization.

In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written **authorization** before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures. Of course, I cannot take back any information I have already disclosed or used with your permission.

IV. Your rights concerning your PHI

- A. **The right to see and get copies of your PHI.** Your health care records in my office are my physical property. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances (e.g., if I believe access is reasonably likely to cause you substantial harm), I may deny your request. I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. I may charge a reasonable administrative fee to reimburse myself for the time and supplies required to provide you with your PHI. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

You may be denied access to **Psychotherapy Notes**. Psychotherapy Notes include notes I have made (in any medium) documenting or analyzing the contents of our conversation during a private counseling session or a group, joint, or family counseling session, which I have kept separate from the rest of your record. There are specific laws governing psychotherapy session notes, because these notes are intended to assist the psychotherapist only, and have the potential for being misinterpreted by others.

- B. **The right to request limits on use and disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- C. **The right to choose how I send your PHI to you.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.
- D. **The right to get a list of the disclosures I have made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

- E. **The right to amend your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me.
- F. **The right to a copy of this Notice.** If I change this Notice, I will post the new one in my office, and you can always get a copy from the privacy officer.
- G. **The right to file a complaint if you believe your privacy rights have been violated.** You can file a complaint with my privacy officer. All complaints must be in writing. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. You will not be penalized by me for filing a complaint.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above.

V. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to the privacy officer, Dr. Gaughan, whose telephone number is listed below. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the privacy officer. As stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you complain.

If you have any questions or problems about this Notice or our health information privacy policies, please contact our privacy officer, Dr. Eric Gaughan, and can be reached by phone at (816) 803-3545.

The effective date of this Notice is August 26, 2015.